Individualized Education Program (IEP)

Elementary IEP

State of Delaware

School

Address
Address
Phone:

Student Name:

Student ID#: **D.O.B.:**

Address: **Current Grade:**

District of residence:

Attending Building:

Disability Classification: Primary Disability:

Parent* 1:
Address (if different):

Home Phone:
Mobile Phone:
Work Phone:

Parent* 2:
Address (if different):

Home Phone:
Mobile Phone:
Work Phone:

IEP Status

Meeting Date		**Most Recent Evaluation Summary Report Date**	
IEP Initiation Date		**IEP Meeting History:**	
IEP End Date			

Temporary Placement	
Agency Representative:	
Parent:	
Date:	
Within 60 days, an IEP meeting must be held.	

Meeting Participants

Role	Name	Signature
Parent* 1		
Parent* 2		
Administrator / Designee		
General Education Teacher		
Special Education Teacher		

***** Parent includes legal guardian, educational surrogate parent and relative caregiver.

Data Considerations

1. What are the student's strengths?
2. What are the educational concerns of the parent (or student, if appropriate)?
3. What multiple data sources (including district or statewide assessments) are being used to create this IEP?
4. How does the child's disability affect the child's involvement and progress in the general education curriculum?
5. What are the child's other educational needs that result from the child's disability (e.g., organizational skills, self care, fine/gross motor)?
6. Will the student participate with non-disabled students in extracurricular and non-academic areas? If yes, identify supports and services on the "Needs, Services and Annual Goals" page. If no, explain why below. ☐ Yes ☐ No

Other Factors to Consider:

IEP Team must consider each of the factors.
If there is a need identified, check "Yes" and address in the IEP.

Yes	No	
☐	☐	Communication needs of the student
☐	☐	Braille instruction for students who are blind or visually impaired
☐	☐	Communication and language needs for students who are deaf/hard of hearing
☐	☐	Language needs for the students with limited English proficiency
☐	☐	Positive behavior interventions, supports, and strategies for students whose behavior impedes learning
☐	☐	Need for assistive technology devices and services
☐	☐	Intervention supports and strategies for students who have difficulty accessing and/or using grade-level textbooks and other core materials in standard print formats.

Name: DOB: Meeting Date:

Unique Educational Needs and Characteristics #	**Provide a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will enable the child:** • **to advance appropriately toward attaining the annual goals;** • **to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and,** • **to be educated and participate with other children with disabilities and non disabled children.**

Services, Aids & Modifications

Frequency: Duration: Location:

PLEP (Present Levels of Educational Performance):

Benchmark #1 **Marking Period: MP -**

Benchmark #2 **Marking Period: MP -**

Benchmark #3 **Marking Period: MP -**

Benchmark #4 **Marking Period: MP - 4**

Annual Goal **Start Date:** **End Date:**

Therapist Signature: Date: (For Medicaid Cost Recovery)

Related Services

Services	Type of Delivery	Start/End Date	Frequency	Duration	Location

Transportation

Special transportation needs? If yes, specify:	Yes ☐ No ☐
Is it necessary to place this student, who is transported from the school by bus into the charge of a parent or other authorized responsible person? If so, Transportation Department will be notified by:	Yes ☐ No ☐

Participation in Statewide Assessment

☐	Student is not in a grade that is assessed.
☐	Student will participate in regular testing conditions without accommodations unless one of the below is checked.
☐	Student participates with accommodations as documented on the attached Student Accommodation Checklist.
☐	Student is included in Alternate Assessment. The Participation Guidelines form is attached and #500 is filled in on the Student Accommodation Checklist.

Discipline

The student will adhere to School Code of Conduct.
(Check below if any of the following are needed):

- ☐ Interventions and supports are described under services/supports and/or in goals.
- ☐ Behavior intervention and support plan (see attached).
- ☐ Other:

Participation in Twelve-Month Program

☐ Yes ☐ No ☐ Not Applicable
By State law [14 Del.C. §1703], parents of students with certain disability classifications may choose a 12-month program which does not exceed 217 school days (Severe Intellectual Disability; Moderate Intellectual Disability; Orthopedic Impairment; Traumatic Brain Injury; Deaf-Blind) or 241 school days (Autism). As a parent of a qualifying student, I choose a 12-month program.

Consideration of Eligibility for Extended School Year Services (ESY)

IEP team must consider each of the following factors:

- Regression / Recoupment
- Vocational Skills
- Degree of Impairment
- Breakthrough Skills
- Extenuating Circumstances

Is ESY needed?

☐ Yes ☐ No ☐ To Be Determined
☐ ESY offered, but declined by parent

Rationale for Decision:

Specify goals and services:

School

Name: DOB: Meeting Date:

Least Restrictive Environment/Placement

A student with a disability shall not be removed from an education setting in age appropriate regular classes solely because of needed modifications in general education curriculum. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Use the option below to determine the appropriate setting.

☐	A.	**Regular Setting** Includes pull-out related services and team classrooms. Student served inside the regular classroom greater than or equal to 80% of the day.
☐	B.	**Services Provided Both in Separate Special Education Classes and Regular Setting** Student served inside the regular classroom greater than or equal to 40% of the day and no more than 79% of the day.
☐	C.	**Separate Special Education in an Integrated Setting** Student served inside the regular classroom less than 40% of the day.
☐	D.	**Separate School** Student served in public or private separate day school facility for greater than 50% of the school day or a residential facility if student does not live at the facility.
☐	E.	**Residential Facility** where student resides during the school week.
☐	F.	**Homebound or Hospital**
☐	G.	**Correctional Facilities** (only used by DSCYF and Prison Education) Students placed in short-term detention or correctional facilities.

An explanation must be provided about the extent, if any, to which the child will not participate with nondisabled children in the regular class.

Signatures

☐ Yes ☐ No	I acknowledge that I have received a copy of the Procedural Safeguards. My due process rights under these Procedural Safeguards have been explained to me.
☐ Yes ☐ No	I agree with the program described in this document:
☐ Yes ☐ No	I agree with the placement decision as noted above and discussed at this meeting.

Parent/Student Signature _____ Date _____

Parent/Student Signature _____ Date _____

If Parent Does Not Attend

Staff member below is responsible for forwarding a copy of the IEP and Procedural Safeguards and explaining content, if necessary, to the Parent/Guardian/Surrogate.

Name _____ Position _____ Method of Contact _____